



PN.

A JOURNAL FOR NURSES

JANUARY 1941

SCRUBBINGS
LEFT MY HANDS
A SIGHT
UNTIL...

WHAT CAN I EVER
DO FOR MY HANDS?
SCRUBBINGS ARE
LEAVING THEM
SO ROUGH
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A JOURNAL  **FOR NURSES**

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Debits AND CREDITS

CLUB

Dear Editor:

Our Lake Chelan Graduate Nurses' Club has just had its first anniversary. I wonder if there are other such clubs scattered over the country in small communities and, if so, what they are doing. We meet every two weeks socially, read, and discuss current events relating to our profession. Occasionally, we invite some of our local physicians to speak to us on topics of interest.

We'd like very much to hear from other nurses' clubs—if there are any.

Lillian M. Larsen, R.N.
Chelan Falls, Wash.

[R.N. has received several such inquiries in the past month. Discussion in this department should, therefore, be helpful to a great many nurses in various parts of the country.—THE EDITORS]

TO MEN

Dear Editor:

We are interested in bringing together on a national basis men nurses who want to improve nursing for men. I'd like to hear from men R.N.'s—anywhere in the United States—if they have ideas and are willing to help make those ideas work.

There are a lot of things about us we don't like. But let's growl about them where it will do some good—and only after we have done our own jobs a little better than anyone else could do them. Our employers have a lot they could say about why they don't like us, and with

PROBIE FANS

A limited number of reprints of the Probie cartoons is now available. You may have copies of the first six drawings, each printed on a separate sheet of bond paper and suitable for framing. Send ten cents in stamps or coin to cover costs. Please address "Probie," R.N.—A JOURNAL FOR NURSES, Rutherford, N.J.

justification too. Join your State association and take part in its district activities. Subscribe to and read your nursing journals and put something in them except complaints. In 1939 there were six men nurses in Oregon. Let us hope caps will not be needed to identify them.

Here's wishing you all success for a prosperous 1941!

Nathaniel H. Wooding, R.N.
Brooklyn, N.Y.

[*Mr. Wooding is secretary of the men nurses' section of the New York State Nurses' Association and program chairman of the ANA men's section. R.N. will be glad to forward to him all communications received from men readers.—THE EDITORS*]

FUND

Dear Editor:

How is the subscription fund for sick nurses coming along? Herewith is another fifty cents from me. I think the plan is excellent. All nurses should have an opportunity to keep on their toes professionally by reading your magazine. I know if I were sick I'd hate to miss my monthly copies because I was no longer "actively nursing."

R.N., Morristown, N.J.

[*One reader, who would not sign her name, wrote she thought R.N. had "colossal nerve" to accept money to provide copies of the magazine for nurses not eligible to receive it free. She apparently was not aware that the fund was started by readers; R.N. has made no effort to solicit contributions. To date, \$48.50 has been received; \$24 has been paid out in one-year subscriptions.—THE EDITORS*]

THE LIMIT

Dear Editor:

I am anxious to take post-graduate work but all the schools to which I applied do not take applicants over 36 years of age . . . Isn't this unfair—and a little ridiculous?

Doctors, teachers, and other profes-

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sional women are expected to keep up in their work regardless of age. Why should nurses, who are in active service and good health and who can meet the other requirements of the school, be refused because they are over 36? A nurse of any age ought to be able to stand a three- or four-months' post course.

R.N., Glendale, Calif.

CREDENTIALS

Dear Editor:

I am a graduate of a small midwestern hospital and am seeking reciprocity in the State of Colorado. My superintendent has informed me that there is a charge of two dollars to cover cost of filling out the necessary papers.

I have asked several members of my local alumnae association about the charge and they think as I do that no such fee should be paid. And yet, I must have the papers if I am to secure employment in Colorado.

What do you and your readers think about this situation?

R.N., Monmouth, Ill.

[It is customary with many hospitals to charge a small fee for the clerical costs involved in filling out credentials. Have other readers experiences to offer?—THE EDITORS]

INDUSTRIAL UNIFORM

Dear Editor:

What color uniform should a nurse wear when doing industrial work in the dispensary of a mill?

I feel it is unprofessional to wear a uniform on the street. In industrial work,

however, the nurse is often required to leave the dispensary to take a patient to see the doctor or visit a patient in home or hospital. Usually the situation is an emergency and there is not time to permit a change of clothes.

R.N., Bridgeport, Pa.

[Inquiry reveals most industrial nurses cling to crisp white, but are open to suggestions. How about pale gray with long sleeves?—THE EDITORS]

HARD OF HEARING?

Dear Editor:

I would like very much to hear from all nurses who have hearing defects. What kind of nursing do they do and how do they minimize their handicap? I am one of them and consequently anxious to know how other nurses meet the situation.

A. Ruth Moss, R.N.
Baltimore, Md.

[R.N. will be glad to give some space to this topic. Readers are cordially invited to send in their experiences.—THE EDITORS]

PRACTICAL NURSES

Dear Editor:

If the nurse from Middletown, Pennsylvania (D & C, September 1940) desired to investigate psychiatric nursing in a State hospital, she would see not only a full nurse's uniform on attendants but capes, pins, and black stripes on their caps. The only way a registered nurse can be recognized is by her hospital training school pin!

In many institutions, aides are on hospital wards as well as in the up-patient



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wards and are taking the place of nurses. Some hospitals put R.N.'s in charge of such services—but they are not always able to secure nurses with psychiatric training. A nurse without psychiatric training in a mental institution has considerable difficulty. We need more post-graduate psychiatric nurses. Attendants shouldn't be permitted to dominate this field.

R.N., Ft. Steilacoom, Wash.

Dear Editor:

Just *who* is a practical nurse? Is she a person who is handy in caring for the sick, with no training whatever, who goes out to do what she can in different homes? Or is she a person who has had six months or a year of training and for some reason or another has decided to cash in on that slight prestige?

Correspondence school nurses class themselves as practical nurses. It has been my experience that often a girl with only a small amount of training, or a correspondence school graduate, is fully as careful of dosages and solutions as many graduate nurses . . .

Ruth M. Price, R.N.
Indianola, Ia.

[R.N. doesn't agree about the carefulness of correspondence school graduates. They may be willing—but they just haven't had the proper experience. Definitions of the p.n. differ in almost all States. In New York, where State law controls the practice of practical nurses, they are defined as all who "nurse" for hire and have not met the requirements of graduate professional nurses. In other words, anyone who has not completed a

three-year nursing course in an accredited hospital school is classified as a practical nurse.—THE EDITORS]

NATIONAL STANDARDS

Dear Editor:

It seems to me there is far too much red tape involved in determining one's eligibility to practice in various States throughout the country. If we have a diploma from an acceptable school, a State registration certificate, and references indicating competent performance, why shouldn't those credentials be as good in one State as in another?

We nurses should get together and work for a national board to set nationwide standards.

R.N., Long Beach, Calif.

[Let's hear from other nurses with views on this subject.—THE EDITORS]

LEADERSHIP

Dear Editor:

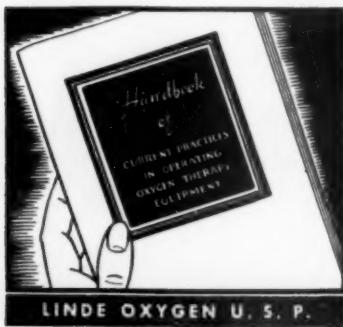
Social legislation is close to my heart so union membership vs. the ANA is very important. As most nurses are busy people, I believe that the executives we elect and pay should be our agitators and spokesmen. They should work to put nursing on a level where nurses can live as nearly normal lives as other people.

Marion G. Nelson, R.N.
Redlands, Calif.

CHEVRON

Dear Editor:

Relative to the suggestion in your October issue regarding a chevron to be worn on uniform sleeves—particularly on short-sleeved uniforms—I'm for such a



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Every nurse is, undoubtedly, interested in knowing something about the products that physicians use. For this reason, we will gladly send a trial quantity of Anusol Suppositories to nurses on request.

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thing, wholeheartedly. An R.N. friend of mine said to second the motion for her too. However, we would be against putting the nurse's State registration number where it would be in full view for all to see. I think the letters "R.N." would be sufficient with a red or blue cross, possibly the double-barred cross.

Since I work in a physician's office I find the short-sleeved uniforms much more comfortable, especially in the summer. I use the typewriter in my work and long sleeves do get in the way sometimes.

Should such a chevron be made you can count on two of us to purchase them! The nurse's registration number should be required before the purchase is made, however.

Hellen C. Morrison, R.N.
 Philadelphia, Pa.

[*What do other nurses think? May we hear from some women in hospitals? Would hospital administrators permit application of such an emblem to the standard uniform? Incidentally, right to use a red cross is held exclusively by the American Red Cross.—THE EDITORS*]

ELASTIC RATES

Dear Editor:

Sometimes I have occasion to nurse friends in their homes and my rates have been adjusted to their family budget. I have been severely criticized by other nurses for so doing. What do you think about this situation?

Of course, when friends can afford to pay I charge a standard fee. Should we not have the privilege of altering our fees when we definitely know that the circumstances require us to do so?

R.N., Westwood, Mass.

REVISION?

Dear Editor:

I think the Florence Nightingale Pledge should be revised to read: "With loyalty wil I endeavor to aid the physician in his work of prolonging the life of the patient..."

"Aid the physician in his work" might mean anything.

What do other nurses think?

Cecilia Donahoe, R.N.
 Brooklyn, N.Y.



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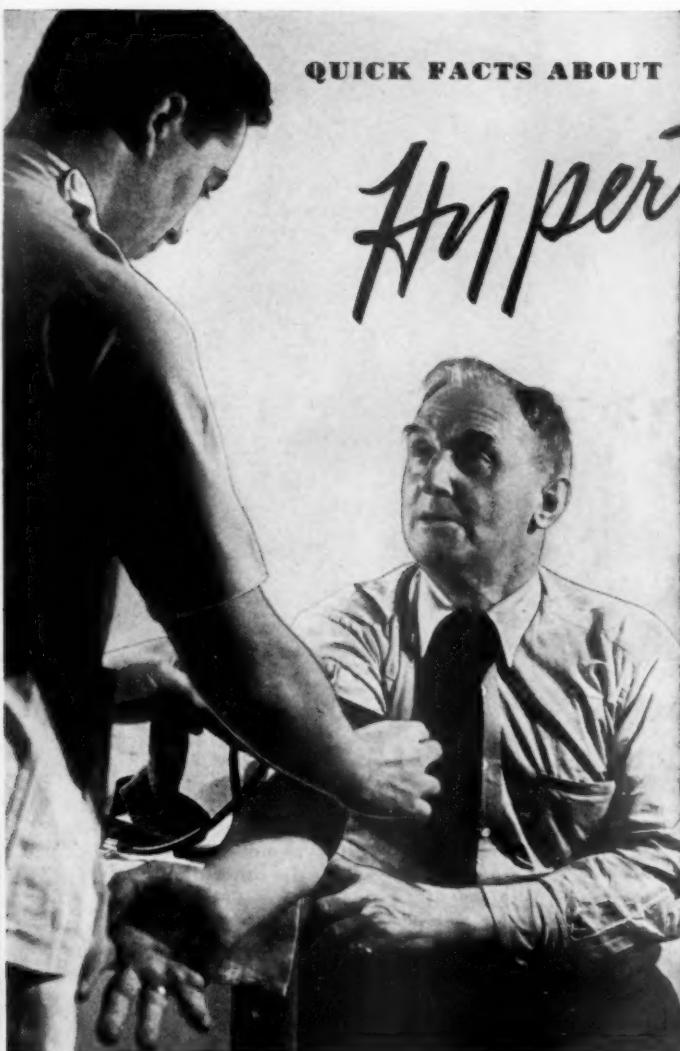
averages 7.84%; curd tension is 0 (gram); it is sterile, according to unbiased laboratory reports. It outsells the other high quality brands by 2 to 1.

Also, White House is homogenized: the fat globules of ordinary milk are broken into tiny particles and blended evenly throughout. It's pre-heated, standardized and sterilized, providing a soft, fluid-like, finely divided curd almost as easily digested and assimilated as the curd of mother's milk. Since it is made, sold and guaranteed by A&P, your patient gets double her money back if she is not 100% satisfied.



QUICK FACTS ABOUT

Hypertension



Ted Leigh, M.D.

- An account of high blood pressure and its consequences must naturally begin with a discussion of the normal blood pressure and its significance.

Normal blood pressure.—Under the influence of the pumping action of the left ventricle of the heart, the blood is propelled out of the semilunar orifice into the aorta and then into the smaller arteries of the general circulation. The blood, in order to maintain

its onward course, must be under a definite pressure which is sufficient to drive it through the most distant capillaries.

With each contraction of the heart, a pressure impulse is applied to the column of blood; this pressure drops quickly as the heart relaxes and fills, and is again raised by the succeeding contraction or systole. The highest pressure attained is termed systolic, the lowest, diastolic. The diastolic pressure is prevented from falling too low by (1) closure of the aortic valves which prevents the blood from re-entering the heart, and (2) by the elasticity of the aorta. The aorta di-

lates as blood is pumped into it by the left ventricle, and as the ventricle relaxes, the aorta contracts back to its original size. Thus the blood is given a second, sustained propulsive influence while the heart is at rest.

The dynamics of the circulation are akin to those of a garden hose. The greater the head of pressure, the more efficiently (within limits) will the blood flow. Narrowing of the channel slows

the flow unless a greater pressure is applied to maintain a normal rate of flow. A definite amount of pressure is needed to force the liquid to the farthest ends of the system.

Under physiologic conditions, the blood pressure is dependent upon three factors: (1) the force of the heart beat, (2) the width of the arteries, and (3) the viscosity (or fluidity) of the blood. Practically speaking, changes in blood pressure are almost always due to variations in the first two factors. The pressure is always measured in terms of millimeters of mercury.

The blood pressure is lowest at infancy and slowly rises with the years. During the first year of life it is approximately 60/40 (60 systolic and 40 diastolic). During adolescence it is about 100/70, and at the third decade it is usually 120/80. Contrary to the popular conception, the maximum blood pressure which is considered normal is 145/90. The older maxim that the blood pressure should be equal to 100 plus the patient's age is erroneous, since a systolic blood pressure of 165 at 65 years of age is unquestionably pathologic.

In normal persons, the blood pressure physiologically varies between rather wide limits. It is lowest in the morning and slowly rises to its maximum normal value during the afternoon. However, it may be suddenly elevated by as much as 75 millimeters of mercury by such factors as anxiety, fright, emotional shock, physical exertion, eating, smoking. These pressure changes enhance the efficiency of the circulatory system at a time when greater demands are placed upon it; they are transient and are present only as long as their cause continues to operate.

The range of the normal systolic pressure is from 95 to 145, and the diastolic from 60 to 90. Pressures below the lower limit are indicative of hypotension, and those above the upper limit constitute hypertension. Usually

the diastolic pressure roughly parallels the systolic. The difference between the two is known as the pulse pressure, which is usually found to range from 40 to 60. An increase in the pulse pressure is seen in hypertension, where the diastolic pressure does not rise with the systolic (190/100), or in aortic regurgitation, where the systolic is elevated and the diastolic is lowered (160/40). A decrease in pulse pressure is observed in shock and in the hypotension of Addison's disease.

The blood pressure is usually and most practically recorded by means of the sphygmomanometer. Palpation of the pulse cannot accurately detect an elevation of blood pressure. In fact, the full, bounding pulse of aortic regurgitation and the weak, small pulse of shock are more correctly due to the pulse pressures which characterize these conditions. The blood pressure referred to clinically is that of the brachial artery (of the arm). The pressure in the aorta is great (because it is closer to the heart), and that in the femoral artery of the thigh is even greater, since the caliber of this vessel is larger than the caliber of the brachial artery. The pressure in the smaller arteries of the fingers, for example, is lower than that in the larger arteries. Hence the expression "blood pressure" does not refer to the pressure throughout the body. In order to obtain a more accurate reading, especially when there is a tendency to high blood pressure, many physicians ask their patients to rest for several minutes before the examination is begun. Often several readings are required before a constant blood pressure level is attained.

Hypertension.—High blood pressure is an exceedingly prevalent condition. It is responsible for about one-third of all cases of heart disease, and of many other noncardiac sequelae.

As is true with many other common diseases, the etiology of hypertension is not clear. It is known that a continu-

ous state of emotional instability and anxiety tends to increase the pressure. Renal disease may be a cause of or the result of hypertension. In the recent past, Goldblatt succeeded in producing hypertension in dogs by partially occluding one renal artery. Sclerosis of one or both renal arteries has been found at autopsies of patients who had had hypertension. As yet the significance of Goldblatt's work and its relation to human hypertension is obscure, but it promises to offer at least a clue to the solution of the problem. Arteriosclerosis is now known *not* to be a cause of high blood pressure, although the two conditions may coexist; more frequently one is found in the absence of the other.

Suffice it to say that the most plausible explanation of hypertension is spasm of the smaller arteries. This increases the resistance offered to the flow of blood, necessitating a greater pressure to maintain the circulation. The cause of the arteriolar spasm is unknown.

Hypertension is a disease of middle age, although it occurs at all ages. It is equally prevalent in both sexes, is more common in the temperate zones than in the tropics, and is less commonly seen in the Orient and among the native blacks of Africa. However, Orientals and Negroes living in the United States are afflicted in about the same proportion as the general population. The condition runs in families, but this may be due to a peculiar high-strung type of nervous temperament handed down to succeeding generations. Obesity may be a factor in some cases, but it does not follow that all obese persons are hypertensive. Physical exertion is not a cause of hypertension. The laborer or farmer, if of even temperament and not inclined to emotional imbalance, usually presents a normal blood pressure with a slow, full pulse. These are all indications of an efficient cardiovascular system.

Symptomatology.—Perhaps the most significant feature of the symptomatology of hypertension is the fact that no symptoms may be present for years. The patient, unaware of his condition, indulges in activities which tend to send the pressure higher. Or he may permit etiologically important factors to operate, oblivious of their danger to his health. (This merely constitutes another argument in favor of periodic physical examinations, even though impairment of health is not obvious.) Too often hypertension, with or without sequelae, is detected on routine examination or on examination for life insurance.

High blood pressure usually produces several characteristic symptoms. Headache is frequent; it is most severe in the morning and is relieved by activity. Presumably the tension must be increased to its usual high level to relieve the discomfort. Spots before the eyes are common. Pounding of the heart, especially on exertion, is complained of often. Chest pain on exertion, breathlessness, easy fatigability, vertigo, epistaxis, and lethargy complete the picture. These symptoms develop over a period of years, and all or only some may become apparent. The relationship between the extent of the pressure and the development of individual symptoms is exceedingly variable. Often a systolic pressure well over 200 mm. Hg. may be found in a patient with no complaints, and again a tension of 180 mm. Hg. may be the apparent cause of a most disquieting chain of symptoms. Similarly, the duration of the hypertension does not seem to be a great factor in production of symptoms, although it is generally true that hypertension of long standing is more likely to produce subjective discomfort.

Sequelae.—The importance of high blood pressure lies in its many sequelae. Strictly speaking, hypertension is not in itself a cause of death, but the many associated derangements it pro-

duces are in most cases eventually fatal. The more important are apoplexy, coronary thrombosis, angina pectoris, nephritis with uremia, hypertensive heart disease. Of these, hypertensive heart disease will be discussed this month.

One form of high blood pressure deserves special mention—malignant hypertension. So called because of its rapid development, it produces the entire train of symptoms and reaches a point of maximum severity in about one year. It occurs in younger adults and runs a rapidly fatal course, resulting in death most frequently from cerebral hemorrhage.

Hypertensive heart disease.—Persistent elevation in blood pressure eventually produces changes in the heart. The pressure is maintained by the heart itself, and the added burden so imposed upon the myocardium causes the left ventricle to hypertrophy in

an attempt to satisfy the demands of the circulation. The extent of cardiac enlargement is variable, depending upon the duration of the hypertension, the amount of the elevation in tension, the physical habits of the patient, and the responsiveness of the heart in any given case. As with high blood pressure, hypertensive heart disease may be first detected accidentally.

The significant findings are cardiac hypertrophy and hypertension. At times the enlargement of the heart is so slight that it can be detected only by fluoroscopy or X-ray examination. The electrocardiogram also shows significant changes. However, in most patients in whom the condition has been present for any length of time, percussion and inspection usually disclose evidence of the enlarged heart.

To the clinical picture of the high blood pressure [Continued on page 44]

PROBLE



"I just wanted to take part in the defense program..."



YOUR *Taxable* INCOME

Do you earn \$800 a year? If so, you must report to Uncle Sam in 1941. Here are a few simple pointers to guide you in filing your Federal income tax.

BY HENRIETTA STREET, R.N.

With Christmas and New Year's a fond memory, the Ides of March loom just ahead! And this year, the fifteenth of March means income tax to almost every R.N. who reads this page.

This year, for the first time, all single persons with a gross income of \$800 or over will report their finances to Uncle Sam. Chances are that all nurses in active service will fall within this category. If you make \$70 a month on floor duty, or even if you make \$60 a month and the hospital pays your board and room, or if you're a private duty nurse

and have worked fairly steadily all year, you come within the ranks of the taxable. You may not actually have to pay the Government money, but you must file a return.

To clarify the mystic mazes of the income tax for our readers, R.N. consulted J. K. Lasser, certified public accountant, whose book, "Your Income Tax," has just been issued in a new 1941 edition by Simon and Schuster.

Here are the outstanding facts about tax reporting, as they affect you in 1941. If your problems are specialized

or you wish more detailed help, you can go to your employer, the nearest internal revenue office, or a published income tax guide.

First rule in tackling your report is to cast aside the bleak dismay with which you've always approached the task. Filling out your blank is simple, and painless—not nearly as bad as figuring dosages and solutions! Main point is to start early, work methodically, reduce big terms to their simplest forms. When you've finished, you have nothing more than an arithmetic problem, the kind you used to solve in the eighth grade.

If your total salary and income from January 1940 to January 1941 was more than \$300, get yourself two copies of the income tax form from the nearest office of internal revenue. Your hospital may be able to supply blanks. You need only one blank for Uncle Sam; the other is your working copy and first draft.

Begin early, figure carefully, take time to go over your bills and accounts; you will save money in the end. First put away your two printed blanks and get yourself a clean sheet of plain white

paper. On this you're going to do your preliminary calculating and make as many mistakes as you wish. Use one side for income, the other for deductions. Make full notes about how you arrived at each total, so that you won't forget if the Government should ask you later. To this sheet attach all canceled checks, bank notices, and statements from your employer which relate to your income. From this, you can make out your first copy of the blank which you'll keep for your own reference next year. After all errors are out, make your final copy and file it with the internal revenue office.

To determine your taxable income, first put down your total salary for the calendar year. If you work in a hospital, your employer should report to you the total amount which you were paid during the past year. If you've changed jobs you will have to write back to your old employer to ask how much you earned.

Private duty nurses keep their own accounts.

R.N.'s who have board and room furnished by hospitals must add the value of these to their cash income and re-



port the **TOTAL** rather than just their salaries. Compute the value of board and room on the basis of what it costs the hospital, not what it would cost you. A good basis for this is the amount the hospital would pay you if you lived out. Forty cents a day for meals is the sum often used by big institutions.

If you are in the army, the navy, or the U.S. Public Health Service, you don't add the cost of room and board to your salary figure. Also, if you are a private-duty nurse, living in with a family and taking meals with them, you do not report these as part of your income, as they are a convenience to the family rather than to the nurse. Hospital board and room are considered a convenience to the R.N. (!) and therefore must be added to your income.

Other items in your income which are taxable are, interest on bonds, dividends, gifts from employers (which are really additional compensation), tips, prizes and awards. As distinguished from a gift, a *bequest* from an employer would not be taxable. If you are receiving income on an annuity, it is taxable within the year up to the amount of 3 per cent of the total cost of the annuity. Sums received from patients who owed you money from other years are taxable, regardless of whether or not they were previously deducted from a tax return as a "bad debt." (More about bad debts later.)

Now to the more cheerful topic of exemptions and deductions. You are entitled to certain credits for your personal status and expenses. These are subtracted from your taxable income, and may bring the total down so that you do not have to pay any tax. If you earn just \$800 and your personal exemption (for a single person) is \$800, obviously, you are going to owe Uncle Sam nothing at all. The following are the personal exemption rates, depending on your status:

Single person, not head of family.....\$800

Married person, living with spouse	\$2,000
Married person, not living with spouse, not head of family.....	\$800
Head of family.....	\$2,000

Watch that term "head of family" very carefully. The Government is quite strict in its interpretation. You are head of a family if you actually support and maintain in one household one or more people closely connected with you by blood relationship, marriage or adoption, and you may be said to "exercise family control" and make family decisions. The blood relationship must be a close one; cousins are not close enough. If you support an aged or ill mother, you are head of a family.

You may also claim credit for dependents, \$400 for each person (other than husband or wife) whether related to you or not, and whether living with you or not, who is dependent on you for more than half his support. The dependent must also be under 18 years of age or incapable of self-support through ill health, old age, mental or physical deficiency.

To go back to the case of the aged mother whom you may support at your home: You may claim an exemption as head of family for \$2,000 and, in addition, \$400 for her as a dependent. This exemption has already been established by tax rulings. In the case of husband and wife, however, only the \$2,000 exemption can be claimed.

Should your status change during the year from single to married, or from single to head of family, you must apportion your credit for personal exemptions according to the time period of each status.

Deductions are offered to benefit you; don't be timid about listing them! Uncle Sam expects you to subtract all reasonable items, and there will never be any question about legitimate entries. Take full advantage of this opportunity; [Continued on page 36]



MABEL K. STAUPERS, R.N.

Negro nurses all over the country look to this young leader for guidance. Here is the intimate story of her life and work.

• All the pioneers in nursing aren't laid away in textbooks and old daguerreotypes. Some of them are very much alive and right in the midst of careers that someday will be nursing history. As candidate for the biographies of the future, we give you Mabel K. Staupers, executive, organizer, editor, and leader of Negro nursing.

"National Association of Colored Graduate Nurses" reads the sign on the door of her office at 1790 Broadway, New York City. Mrs. Staupers is executive secretary of this large and vigor-

ous organization. In this capacity, she has much to say of and to the fast-growing Negro-nurse groups all over the country. She it is who guides their standards, helps mold their policies, states their ideals to the rest of the profession and to the public.

Mrs. Staupers looks young to be saddled with so much responsibility. She is young—and smiling, and most energetic. But, as she explains, her organization is young—and so is nursing for that matter! She's nonetheless well-equipped to [Continued on page 48]

● New York State's nursing-defense questionnaire is out! Your own State survey will be in the mail within the next few weeks. By the end of January, the United States Public Health Service hopes to have a blank in the hands of each of some 250,000 registered nurses in the forty-eight States, Puerto Rico, Hawaii, and Alaska. By August of 1941, Washington should have complete and ready for use the first national nurse-census in history . . . This is the nursing-defense picture to date.

As R.N. predicted in October, the problem of quizzing every nurse in the country as to her availability for emergency service was handed over to the USPHS, which put into action the suggestions of numerous nurse-advisory boards, commissions, and associations. As R.N.'s Washington staff also foresaw a few months ago, the nurse-survey was given a trial performance in the District of Columbia to see how returns would come in within a small territory.

Its trial balloon being declared a success, the USPHS gave the "go" signal for national release of survey blanks. One fact was especially dramatized by the District of Columbia try-out: Nurses are returning blanks a little slower than had been expected. On November fifth, R.N.'s in the District received their blanks. By mid-December, only 55 per cent of the questionnaires had been returned. Thus, complete returns for this area won't be ready until mid-February —later than anticipated.

From this experience, the USPHS has made speed its watchword for the rest of the country. Nurses are being urged to return their blanks the day they receive them, or within the week if possible. Even the deadline of an August final tally (which many authorities consider very late) will not be met without swifter returns from the field.

The necessity for more speed is also behind the early appearance of the New York State questionnaires. Weeks ahead

Defense -



of the rest of the country, New York's early-bird tactics have a story behind them.

Original plans were for all State surveys to go out at approximately the same time. The country was to have been divided into census districts and each district was to have received blanks as fast as the forms could be mailed out. In this way, central administrators thought, newspaper publicity on the

Up-to date

BY MONA HULL, R.N.



Wide World

survey could have been arranged on a national basis and the census launched with a united front.

When New York mailed out its blanks on December tenth, other nurse groups accused the Empire State of having jumped the gun. That New York acted with authorization and for good local reasons, was made clear by State association secretary Emily Hicks in a special statement to R.N. "New York

received special telephone permission from Washington to print the national questionnaire at its own expense and send it out immediately," she explained. "The organization of all defense activities in New York State began early. Already, medical and social-welfare groups have their personnel organized. From these groups came the demand that the nursing situation be quickly sized up so that large-scale defense plans need not be postponed any longer. We sent our questionnaire out early so that State-wide preparedness moves could proceed."

New York's questionnaire is an exact copy of the one which other States will release this month. [See R.N., October 1940.] It asks the individual nurse to judge where she fits into an emergency program, either in her own community or elsewhere, on a full- or part-time basis. It inquires whether Mary Jones, R.N., speaks French, flies an airplane, is in good physical condition. By the time all answers are in, Uncle Sam should know what the available nurse resources of the country are, where they are located, and how quickly they can be called for service.

Originally the brain-child of the New York State nurse groups, this first national nurse-census is now being made by the USPHS, but is godmothered by many another advising group. To help pay clerical and statistical expenses, the American Red Cross contributed \$5,000. The ARC nursing director, Mary Beard, has been named head of the President's nursing subcommittee of the National Defense Council. This subcommittee is contributing substantially towards the expenses of the project. Miss Beard is also (through the Red Cross) a member of the Nursing Council for National Defense. (Formed by the three national nursing associations, this organization has not been given official status in the defense picture, can only advise and act through other organizations. All these [Contd. on page 42]

OUR CHANCE TO SERVE

● By next June thirtieth Uncle Sam expects the nursing service of the American Red Cross to have added 10,000 new members to its present first-reserve corps of 18,000 nurses.

Ten thousand new enrollments in about five months. . . An ordinary year's quota in less than half that time. . . More than twice as many first-reserve nurses as anticipated before Christmas. . . "The increase is imperative," the Red Cross told R.N., "if the reserve is to meet current Army and Navy demands upon its ranks and still prepare for larger requirements in the future."

Once again it becomes the privilege of the American Red Cross to mobilize nursing forces and fill the nation's emergency needs. Once again it becomes the privilege of the young women of our profession to be among the first to serve their country. Throughout the United States, thousands of women's organizations are clamoring for such an opportunity—trying desperately to develop "defense programs," pleading that Washington give them some concrete job to do. But to nursing alone, so far, has this honor been given.

Nurses over 40, watching the rapid progress of events, look backward a quarter of a century to the mobilization of nurses in 1917 and make comparisons. They recall, a little too wistfully, the speed and fervor accompanying enrollment then. "Times have changed," they sigh. "Young people today haven't the same sense of adventure we had. We relished the chance for sacrifice—and hardships, we felt, made us grow."

So cynical a viewpoint is not without justification. For the truth of the matter is, we younger graduates are *not* responding to the current need as spontaneously or as enthusiastically as nurses did twenty-odd years ago.

Why? Is our generation soft? Are we selfish? Are we unpatriotic?

No. It is not softness, nor selfishness, nor lack of patriotism. There is not a nurse in this country who is not more acutely American today than ever before in her lifetime. There is also not a single nurse among us who has not been making personal sacrifices since the outset of her career. So many sacrifices, in fact, that many of us

secretly would like to believe we don't owe nursing a thing. The United States is not at war, we say, therefore let us try to make money and have fun.

Who can blame us? We struggled and struggled and finally got the job we desired. Can we afford to give it up now? We stinted and went without supper to study for a degree. It's hard to stop now that only a few points stand between us and a B.S. We've never had time to learn to play, to be people as well as nurses. . . Army life sounds too regimented, too grim.

Well, there are our debits. On the other side of the ledger, however, we can credit ourselves with knowing, down underneath, that we will never really evade our responsibilities as nurses. We selected this work—not for what we could get out of it, but for what we could put into it. And in the end, *that* is the philosophy which must govern our professional conduct.

R.N. has never asked its readers to support any cause—except as it might prove to the practical advantage of individual nurses. Let us be practical. Government nursing posts open to members of the ARC first reserve provide excellent experience, if not top-notch salaries (\$70 a month). Army life is *not* grim, as any Colonel's Lady will tell you. . . The really grim fact is this: A competent medical job can never be done without adequate nursing personnel. If enough R.N.'s do not volunteer for service, the Government may have to devise a draft or—worse yet—employ more and more subsidiary workers in Government camps and hospitals. What a blow either of these moves might be to our hard-won standards!

Late this month, 3,000 nurse-volunteers will begin canvassing the nation. Through 200 State and local Red Cross committees they will personally call on all prospective first-reserve nurses. Simultaneously, the Red Cross Nursing Service will issue a booklet titled, "Uncle Sam Needs Nurses." You may have your copy by writing the ARC nursing service in Washington, D.C. Comments director Mary Beard, "The Red Cross is not trying to 'sell' any particular nursing service to any individual. This booklet has only one function—to picture today's challenge to nursing."

Will we meet the challenge?

JANUARY 1941

DISCOVERING

Paper

Shoes, pillow-cases, custard cups and diapers all prove that paper's newest products are attractive and practical for nursing techniques. R.N.'s in homes and hospitals declare they "can't do without" these sanitary short-cuts.

BY HELEN MORGAN

• Time was when you thought of paper products only in terms of paper plates and cups at a picnic. Today that is all changed. Paper has been artfully developed into innumerable items ranging from pine-scented pillow-cases to baby diaper pads. In the care of the sick, paper products are becoming increasingly popular—they're not only convenient to use but highly sanitary as well.

The modern versatility of paper is bewildering at first glance. There are not only hundreds of paper products, but a single product may have a dozen impromptu uses . . . A nurse caps a glass of water with a paper cup to protect the water from dust . . . Another places a paper towel on a physician's examining chair or table, and the towel becomes a sanitary head- or foot-rest . . . A public-health nurse is elated when she picks up a miniature dispenser of twenty-five paper cups for a dime. She tucks it to the wall beside the bed and Johnny, who's convalescing



Photos courtesy Dixie-Vortex Co.

from influenza, needn't even put a penny in the slot to pull out his own clean, individual cup. If Johnny uses disposable paper plates and towels, too, there'll be no danger of his things infecting the rest of the family.

Take a quick look at the way paper is generally introduced to hospitals and you'll readily understand how contagious its use is:

Unsuspectingly, the diet kitchen orders a few dozen soufflé cups. (They're the small cups in which jellies, relishes, or sauces may be attractively served.) But dietitians soon discover the cups



are ideal for controlling the portions of patients on special diets, since they come in sizes ranging from half an ounce to five and a half ounces. Then someone discovers the cups may also be used on treatment trays to hold medicines. In the nursery, nurses measure baby's bath oil in paper containers.

The number of hospitals in the country which have swung from such small beginnings to a wide use of paper, has increased greatly within recent years. Paper, hospitals have found, is an economy because it reduces the breakage cost of dishes and glasses, cuts time in laundering, disinfecting, and sterilizing. In the home, the nurse can justify the initial outlay for paper products by explaining that paper is "an investment in health."

Discovering paper service for meals is a most absorbing adventure. Though paper is not used extensively for this purpose in hospitals as yet, it may well serve in the home. A few weeks' supply can be bought at little cost, and

there's no doubt that paper is ideal for providing that element of surprise so necessary to tempt a convalescent's appetite. Each tray may be different and attractive, for the products come in many colors and can be varied for each serving.

In order that the patient won't have cause to complain, "But paper has a funny taste," it's good to know which products are best for each purpose. Water cups come in sizes up to five ounces. All cups over that size—from six to fourteen ounces—are termed soda cups and are suitable for serving milk, chocolate milk, fruit juices, and similar drinks. *Never use a waxed cup for a hot drink or food.* Cups and containers intended for hot foods are made of a special smooth stock, wrapped around twice and sealed on the outer surface. If cups aren't labeled "For hot drinks or food," don't use them for that purpose.

Containers, which look like cups but have detachable lids, may be used to

store food. These are convenient for separating the patient's food from that of the rest of the family. Or they may serve as individual casseroles in which hot puréed vegetables, fruits, baked meats, and similar foods are served. Custards may be baked in these cups and served "as is."

Hot food containers usually come in plain white, but plenty of color may be afforded through other items on the tray. Plates, mats, doilies, drinking glasses, cups for sherbet or salad—all these may be had in pink, blue, yellow, and pale green, or in white with colored design.

Waxed fluted cups, intended for cold food, are less expensive than the hot-food containers and may, with care, be used to mould individual gelatin desserts or salads. Just let the gelatin mixture cool a little before pouring into the cup to set.

New sickroom uses for paper crop up every day. Here are just a few of the more important ones:

Nurses' uniforms made of a "wet-strength" paper are excellent for nurses in contagious-disease service. One large life-insurance company uses these paper gowns and aprons exclusively for the nurses it employs.

Paper "baby pads" prove time-saving and convenient. These sheets of soft wet-strength paper line the baby's diapers and are thrown away after use. The value of diapers made entirely of gauze, cellucotton, and outer layers of impervious paper has been recognized for years by medical authorities.

A versatile aid in the sickroom is the "utility sheet," manufactured in three sizes and made of the same stock used for nurses' uniforms. Laid over the bedclothes, the sheets form an excellent protection when patients vomit frequently. These also serve admirably to protect bedclothes during treatments and examinations.

A specially processed crepe paper is used to dry utensils and to cover bedpans. This [Continued on page 52]



Star-Times Photo

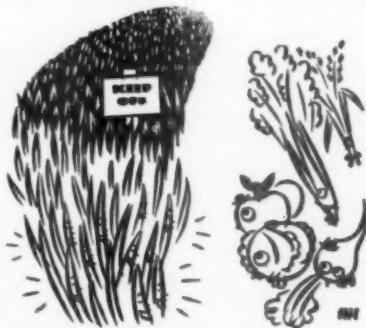
• *Hobbies continue to gain popularity with nurses. In St. Louis, Missouri, recently, members of the Third District exhibited over 400 hobby articles. Above, Dora J. Barry of De Paul Hospital admires the doll collection.*

NUTRITION

Briefs

- Although Old Testament heroes are said to have eaten grass, nobody in recent centuries has seriously considered it as food. Now, it would appear that the gastronomic tales of the Bible aren't so fantastic as they might appear.

Modern food researchers still wouldn't recommend that you mow your front lawn for salad greens. But they have discovered that the "grass juice factor" in plant and



animal materials may be as important as vitamins in keeping humans well.

Young grass has been found to contain a water-soluble, growth-promoting substance, distinct from all other known nutritional elements, which promotes health in rats and guinea-pigs, and therefore theoretically in homo sapiens. The "grass juice factor" can be transmitted to milk and other animal products.

As early as 1938, researchers had proved that guinea pigs fed on mineralized winter milk alone, lost weight and died within three to ten weeks. On the same milk supplemented with grass juice, they grew normally. From this time on the "grass juice factor" has rated on the "must" list of many a research group.

This fall, food experts at the University of Wisconsin agricultural department turned out some new grass-facts. After lengthy analyses, they produced the first tables to show distribution of the "juice factor" in various foods.

Their results: Good sources of the grass

element include spinach, cabbage, peas and pea-shells, turnip-tops, rye grass, and the cereal grasses. Intermediate sources, surprisingly enough, are young berries, canned peas and beans, and cauliflower. Among the poor sources are such unexpected items as lettuce, celery, turnips, oats, and apples.

It may not be many years before "grass juice cocktails" will appear on menus in all the better restaurants. Or perhaps doctors will shake their heads over patients, in future years, and come up with a verdict that what the tired business man needs is not play, pills, and prescriptions, but more grass!—Randle, Sober and Kohler: *Distribution of the "Grass Juice Factor" In Plant and Animal Materials. Jour. of Nutrition, November 1940.*

*"Double, double toil and trouble;
Fire burn, and cauldron bubble".*

- Did you ever quote Shakespeare as you pattered over twenty-minute cookings in the formula room? Sometimes it seems as though everything in the world has to be boiled before being fit for infant consumption.

Boiling of babies' formulas may be



avoided, if recent Chicago experiments are to be credited. Pediatricians there have been experimenting with Enzylac, a pancreatic enzyme which, added to market milk, elimi- [Continued on page 34]



DAYS AFTER CHRISTMAS

BY ROXANN

• "Honestly, now—as one nurse to another—what do you think of Christmas?" Elsie asked.

The nine of us nearly overturned the luncheon table in an effort to get first licks at the subject.

"That's what I thought." Elsie grinned. "Maybe we'd be less inhibited if we had a good, old confession session and got our pet holiday peeves off our chests. Mary, you're the lead-off man."

"Don't laugh," Mary pleaded, "but you know how I've made a fool of myself over Christmas carols. Any time from Thanksgiving to Easter or even longer I could make one of those good-will-toward-men feelings creep over me just by listening to a Christmas carol. On Christmas Eve I sat beside the radio in my room listening to a man and woman singing, 'Peace On Earth,' pouring their hearts and souls into it, until I bawled like a baby. And then what? Then I picked up a paper the

next morning and read that those two honey-voiced cherubim were in jail. Married ten years, so they celebrated by giving each other black eyes for Christmas! Carols—bunk!"

Marjorie looked superior. "That's a silly thing to get excited over. You're so naive, Mary. When you've been around here ten years, as I have, your pet peeve will be the nurses' Christmas Party. I can stand by and watch a leg amputated without a qualm, but I can't endure the sight of seventy females gathered around a bedraggled fir tree, beaming mirthlessly, gaily exchanging 'surprise' presents with squeals of amusement. It's all pretty gruesome. I think I know just how old Scrooge felt, and I could give a lusty 'Bah' myself at just the thought of one of those parties!"

"Little Sir Echo, that's me," Dinny said, holding out a hand to Marjorie. "Do you know what I got after sitting around for three hours at that awful party? A plaster-of-Paris bridegroom with a 'poem' attached. All just too, too cute for words—at least for the kind of words you're allowed to say around the hospital. And all because I was foolish enough to let Bob, my semi-



"The nine of us nearly overturned the luncheon table..."

annual beau, call for me at the dormitory. Those recluses at the residence certainly make the most of every golden opportunity."

"Well, they haven't enough else to think about. Life is one vicarious experience after another."

"Oh, come now, it's not as bad as all that. *Some* of us have private lives, you know."

"Did have, you mean. A few years in an institution and you're completely cut off from the world. The only time you see your friends is when they come in to have their babies—or to invite you out to lunch with them and admire their homes and their husbands, and not too much of the latter."

Janie, the peacemaker, waved the olive branch. "Don't be catty, girls. It's just that we picked a different kind of life. Maybe you'll think I'm being sentimental, but the sick people would have a bad time of it if some of us

hadn't decided to do without homes and husbands."

"Nice old Janie. Always the Girl Scout. But before you put a halo on me, I'd like to say a few words to the assembled multitude," said Ruth. "My shins are still scarred after the shopping sallies we had to make in our hours off. Yes, I know we had a 'shopping day.' Sure we did, and I suppose St. Pete has the superintendent's name entered in the Book and has ordered a pair of custom-made wings.

"But what's one shopping day when you have a raft of nephews and nieces, like I have? I just have time to make a tentative schedule of possibilities. When I get the total cost down so that it only exceeds the budget by a month's salary, I go down and get pushed around the toy departments until I feel as if I had been through a laundry. The payoff is that when the time-slip is posted, I'm scheduled to work all day

Christmas. I don't even get to see the little monkeys' glee over the gadgets Aunt Ruth thoughtfully ordered from Santa Claus."

"My pet hate," said Ann, "is the festive dinner that the Nursing Committee puts on every year for the poor, downtrodden nurses. Even if they served nightingales' tongues on solid gold platters, those dinners would remind me of a Salvation Army mess hall and I'd feel like a guttersnipe."

We all looked a little guilty.

Jane stepped in again to bring things back to an even keel. "Let's be charitable ourselves. They mean well, and the least we can do is to pretend we're having the first good meal of our lives. I wouldn't spoil it for them for the world."

It was Norma's turn. "The thing that gets me about Christmas in the hospital is passing out dinners in the wards. You polish up everything as best you can, pile on the turkey, and sparkle until your face aches, and the patients

lie there like good scouts, pretending they wouldn't trade this for a barrel of hearthstones. Then some old grouch suddenly calls you to his bedside. 'Do you call this turkey? I wouldn't feed it to a dog!' he snarls, poking at the nude bones with his fork. That's the end of the era of sweetness and good will. Everybody begins to feel sorry for themselves. Heads duck under pillows, and the sound of the snivel is heard o'er the ward."

"Uh-huh, and the one who started it all probably did it to blow off steam so that he wouldn't boo-hoo himself."

"But Christmas is so nice for the children," Jane said, and we all whooped. Where had we heard that before?

But she was right. To be on pediatrics on December 25 is better than any Christmas story ever written.

And what nurse can forget her O.B. service late in the night of Christmas eve, when a struggling, squalling infant is lifted into the receiving blanket? *That* is something to remember.



"Do you call this turkey?" he snarls, and that's the end of the era of sweetness and good will..."

IN REVIEW

A QUICK GUIDE TO CURRENT BOOKS
OF INTEREST TO NURSES

ORTHOPEDIC SURGERY FOR NURSES

Philip Lewin, M.D. \$3.50. *W. B. Saunders Co.* (Third edition.)

• Dr. Lewin has lectured to nurses in three famous Chicago hospitals, and to the visiting nurse service of that city for years. He needs no nurse-collaborator: through long experience, he instinctively picks the nursing aspects of complex orthopedic situations, and highlights them over the rest of his well selected material.

The fascination of this text is that its author is not afraid to present to nurses the intricacies of the surgical picture, and the stories of physiotherapy and occupational therapy as they relate to treatment. He does not talk down to his audience. Such nursing techniques as he covers are well grounded in anatomy.

Brightly written and amply illustrated, this is one of our best orthopedic texts.

COMMUNITY HYGIENE

Elizabeth Soule, R.N. and Christine MacKenzie, R.N. \$1.75. *The Macmillan Co.*

• The one criticism to be made of this book is that which the authors themselves offer when introducing it; that it is merely a summary of community health problems of today, with suggestions for further reading on every subject.

As an outline covering the public health field, this text is complete. Most valuable, perhaps, are its bibliographies and references which send the reader to dependable source material of the day. Because of its guide-book function, the volume is best suited to beginning students of public health. R.N.'s with any community experience might find it too elementary.

Only one solitary picture graces the two hundred pages. One might wish for more, especially in view of the excellent pictorial material available in this field.



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TUBERCULOSIS AND GENIUS

Lewis J. Moorman, M.D. \$2.50. University of Chicago Press.

- The optimism and mental vigor of the tuberculosis patient has long been an accepted fact in medical history. Lesser known to the layman, but not without medical justification to the student of clinical tuberculosis, are the inspired creative capacities of a great many tuberculous patients.

Dr. Moorman sees a physical basis for this psychic phenomena. With the depletion of physical energy there follows a stimulation of mental activity. "The human organism's response to environment is materially influenced by these two factors," he writes. "In those who are endowed with exceptional mental qualities, and are at the same time suffering from tuberculosis, there often seems to be a strange psychic stimulus bent on creative accomplishment . . ." He cites such authors as Gompertz, Mayo, Stern, Myers, and Jacobson—all of whom agree that tuberculosis "profoundly affects the mechanism of creative minds."

Dr. Moorman admits that to date all evidence is "founded wholly on clinical observation," that his thesis is without proof of a stimulating toxin elaborated by the tuberculosis bacillus. Research is under way, he reports however, "and if there is a chemical factor possessing the power of mental excitation, the continuance of these investigations may ultimately lead to its discovery and identification."

As evidence, the author offers his own thumbnail biographies of eleven tuberculous literary geniuses, pointing up the life story of each with examples of the part played by the disease. Little if any of the biographical material is new, having been adapted from published biographical works. But the medical emphasis throughout brings new interest to familiar facts.

Nurses who have tuberculous patients should find this book particularly helpful. For if all tuberculous patients are not geniuses, their emotional adjustment to their surroundings at least follows the same pattern. As a matter of clinical reference, this volume has a place on every bookshelf.

Calling ALL NURSES

Is there someone in the profession you'd like to locate? You may insert here, without charge, a 75-word notice. Items will be published in the order received. Be sure to include your full name and address so that replies may reach you. Address the "Calling all nurses" editor.

CATHERINE T. HUGHES: I have found your class pin and will be happy to return it if you will send me sufficient identification, description, etc. Lyndell (Crow) Smith, 118 Palm St., Hot Springs, Ark.

MABEL CHAPMAN: She was superintendent of nurses of the Illinois General Hospital in Chicago from 1920 to 1927. If anyone knows her present address I'd appreciate having it—or a letter from Mabel herself. Mariam N. Falkenstein, 321 Nolte St., Sault Ste. Marie, Mich.

ST. MARY'S GRADS: (Winfield, Kans.) Where are you all? Rocky Trautman and I would like to hear from you. Eleanore Moore, Metropolitan Life Insurance Co., 505 Ramsey Tower, Oklahoma City, Okla.

BELLE LOMBARD: I will be very grateful to hear from my friend Miss Lombard, or any news about her. The last time I had word from her she was at 29 Guy Street, Boston. (Mrs.) Alice A. Ely, 922 E. Front St., Traverse City, Mich.

BETTY ORMISTON: If any readers know Miss Ormiston, will they please ask her to get in touch with me? She graduated from St. Johns Riverside Hospital, Yonkers, in 1931. (Mrs.) Anna Henkel Spanberger, 413 Warburton Ave., Yonkers, N.Y.

ARMY NURSES: I'm anxious to locate some of the Camp Devens, Mass., and Ft. Porter, N.Y., nurses I once knew. Where are you all? Any of you who remember

NOT A SUBJECT FOR GOSSIP!



There are certain things that are private matters in every woman's life. Even the most intimate friends do not mention them, and seldom does a woman muster the courage to discuss this subject with her doctor. But American women are through with the dark ages—they want education as it concerns their own well being and health! All too few women know that leucorrhea (whites) may be induced by a number of conditions to which every woman may be susceptible, and that such common cases of leucorrhea yield to treatment without distress. And yet, clinical evidence indicates that 6 out of every 10 women at sometime suffer from this condition.

We invite the cooperation of every Registered Nurse to help us in the necessary educational work by explaining to women under their care that leucorrhea under the control of a physician generally yields to treatment.

During the more than fifty years that Micajah's Medicated Wafers have been made available for prescription by doctors many specific physiological requirements have become known adding proof to the assurance that Micajah's Medicated Wafers are an effective treatment in proper feminine hygiene. Micajah's Medicated Wafers exert a soothing, antiseptic, astringent action, non-toxic, odorless, stainless and will not injure delicate membranes. Due to slow dissolution, Micajah's provide effective relief over extended periods of time. Sold through prescription druggists since 1883. Laboratory reports, free samples and a booklet, "Leucorrhea—Its Cause and Treatment," will be mailed upon request. Send the coupon.

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AS OTHERS SEE YOU

There is not for us a more soul-satisfying experience than to help a graduate nurse "find herself." In much the same manner that the beautician transforms a girl of average appearance into a really stunning individual—simply by emphasizing best points—we start many a graduate nurse along a path of outstanding professional achievement—simply by helping her to emphasize special capabilities.

It is difficult for you to see yourself with sufficient detachment to appraise your real talents and recognize the professional heights you are capable of scaling. If you give us an opportunity to study your professional profile, we may be able to uncover latent possibilities of which you have never been aware.

Some of you undoubtedly would be able to take the following opportunities and make of them real stepping stones to success:

A small, privately owned hospital in the South, having an all-graduate staff, is seeking an anesthetist with some supervising experience who would be able to serve also as superintendent of nurses. The hospital is less than an hour's drive from a large city. An anesthetist desiring to assume administrative duties will be able to make an excellent beginning here!

A general hospital with enormous bed capacity is seeking general staff nurses who have had some postgraduate training. Although it would be particularly desirable if this training were in pediatrics, psychiatry or tuberculosis, other post-graduate work will be favorably considered. When, as staff nurses, they have proved that they have executive ability and would be able to assume some teaching duties, they will be considered for promotion to appointments as head nurse. The initial salary arrangement is generous, the possibility for advancement endless.

If you are interested in either opportunity, please write or wire us today, so that negotiations may be opened with as little delay as possible. In filling out our registration form you will give us a picture of yourself which may form the basis of valuable counsel from us to you throughout your professional life.

The MEDICAL BUREAU

Palmolive Building, Chicago

me, please write and I'll do the same. Bessie Erskine Kimball, 14 Stewart St., Amsterdam, N.Y.

JOSEPH HOCK: Want your opinions on working conditions of nurses in psychiatric institutions, but have lost your address. Be sure to include it when you write me. Lois Speggers, Ft. Steilacoom, Wash.

ELIZABETH SHARPE: I often think of you and wonder where you are. Please write me if you see this notice. Would love to hear from you. Theresa Mabs, care of Mrs. Robert Cox, 920 Champlin Ave., Utica, N.Y.

Nutrition briefs

[Continued from page 27]

nates all need of prolonged heat. The enzyme forms soft, flocculent, finely divided curds which make milk more digestible for babies of all ages.

At St. Vincent's and Cook County hospitals, Chicago, seventy-five new-born babies, including some prematures, were placed on Enzylac mixed into cold pasteurized market milk. Thirty-eight control children had breast milk, boiled pasteurized, or evaporated milk. To the surprise of the experimenters, the Enzylac babies followed a normal course of growth expectancy, but their food was much better tolerated than that of the "boiled milk" babies. Even the premies had a normal rate of gain with no intolerance to unboiled milk! Since the termination of the experiment, several thousand more babies have been fed unboiled milk with totally good results.

Doctors say that formulas prepared from cold pasteurized milk save time and labor for nurses, expense for hospitals. The "non-boil" method also eliminates the dangerous bacterial growth which commonly occurs in the cooling phase of previously heated solutions. Pediatricians look forward to less diarrhea and fewer colds with unboiled milk. In under-weight babies they feel that the prevention of diarrhea and respiratory infections is a vital step.—*Blatt, Harris, Jacobs, and Zeldes: Evaluation of Enzyme-Treated Milk in Infant Feeding. Jour. of Pediatrics. October 1940.*



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It's modern to give the patient personal "air-conditioning" with MUM...non-irritating...quick to apply. It destroys odors without interfering with normal perspiration. Does not stain clothing or bed linen. Nurses use it themselves...they enjoy this personal "air-conditioning" too.

Apply MUM to sanitary napkins to prevent embarrassment...apply it to tired feet for refreshing relief and removal of possible odors.

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* Personal "air-conditioning" applies to the removal of stale perspiration body odors which may permeate the atmosphere of the office or room.

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ROUTE OF THE FLAGSHIPS



TO OUR READERS

• R.N. receives about a thousand requests for new subscriptions each month, scores of requests for address changes. In order to help handle these requests as rapidly as possible, will you:

Ask new subscribers to send us full information (name, address, training school, year of graduation, current registration number, State in which registered, type of nursing now engaged in) at the time of applying.

Send all change of address notices in before the first of the current month. This is the latest possible date on which we can put through the change before the current issue goes into the mail. Use the coupon on page 49.

Your taxable income

[Continued from page 18]

even small sums mount up into quite impressive totals.

You are especially privileged, as an R.N. to make deduction for "professional expenses." Under this item, you may include "all necessary expenses in pursuit of a profession." This is interpreted by tax experts to mean automobile expenses (also depreciation) in proportion to the professional use you make of your car. Telephone bills, stamps and stationery, advertising and travel expenses are all deductible. Your cue is to keep accurate records so that you can claim full deduction credit.

Mark down as other deductible items dues in professional societies like the A.N.A., subscriptions to professional magazines, State registration fees. Cost of small professional equipment, with life of less than a year (syringes, needles, etc.) is deductible. If the equipment is more durable, take off insurance and depreciation each year.

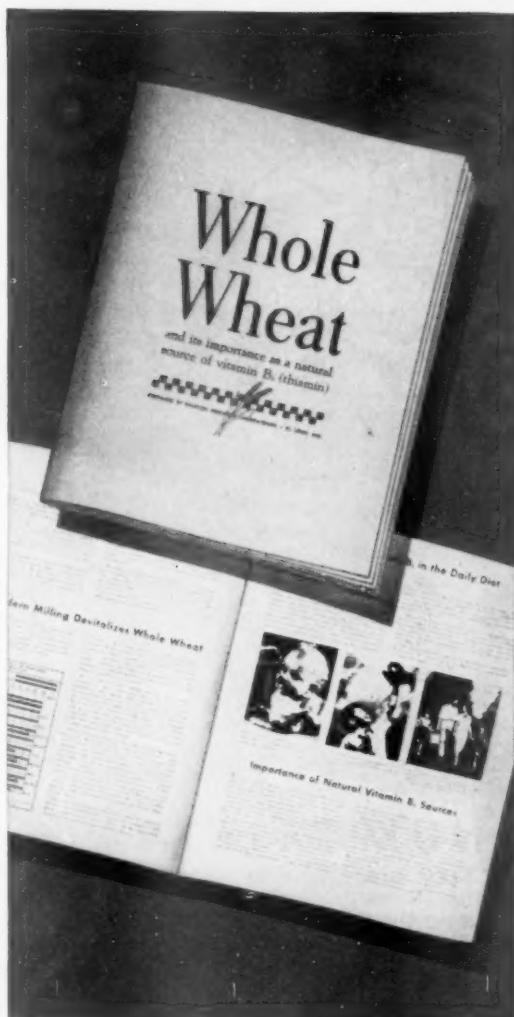
Chief item in your professional equipment which cannot be deducted is the cost of uniforms. Although tax rulings permit general deductions for "uniforms used especially and solely in a job or business, and not adapted to

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general wear," nurses' uniforms have been separately ruled as "non-deductible." This, to many tax advisers, seems eminently unfair in view of the fact that baseball players, actors and actresses, and other persons wearing uniforms or costumes may deduct these as professional expenses. Experts advise that this ruling might easily be reversed by the action of some strong nurse group, with the backing of a large number of registered nurses. Meanwhile, do not deduct this item or your tax return will be questioned and returned for revision.

Miscellaneous taxes paid last year will increase your deduction total by a comforting sum, if you count them up carefully. Here are some of the deductible taxes you may have paid: State or city income tax; theatre tax; city or State sales tax; automobile license and registration; cigarette and alcohol tax (in some States only); real estate or mortgage; poll tax. In addition to taxes, you may deduct "contributions" of a charitable nature, up to 15 per cent of your net income. In case such a problem arises, you may not deduct any gifts to political campaign committees, to prohibition associations, or to the Anti-Cigarette League! For reasons, ask the experts!

Less usual deductions, but handy to know about, are losses of property and personal effects from "fire, storm, shipwreck or theft." Here it must be proven that the loss is directly traceable to acts of nature. These losses are not deductible if covered by insurance. Many nurses also do not know that interest on indebtedness, whether you have borrowed money or are making installment payments on a car, are also deductible.

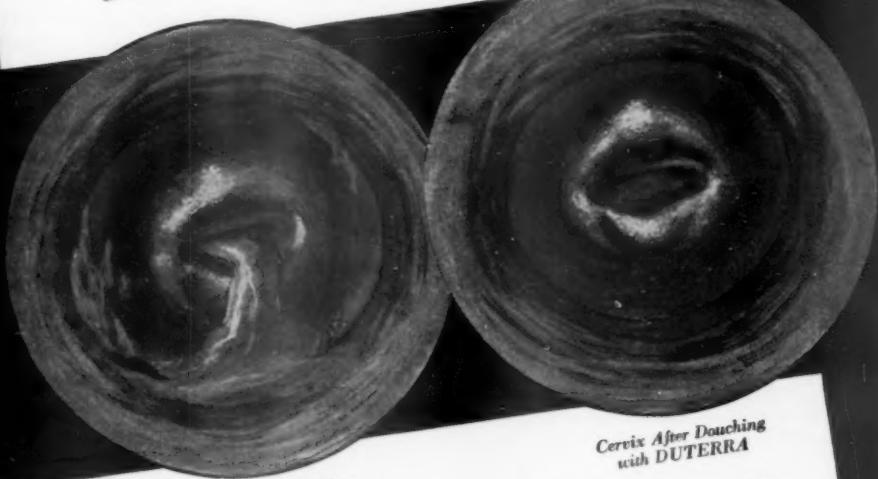
Deductions for "bad debts" are allowed only under rigid conditions. To be entitled to the deduction, you must prove the existence of the debt and your inability to collect it. Generally, the deduction will be limited to amounts you

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We think you'll like this key tag—and the insurance service that goes with it. The tag itself is small, light in weight, easy to carry in your purse. It costs only a quarter, complete with insurance service. Address:

Key Insurance Editor

R.N.—A JOURNAL FOR NURSES

Rutherford, N.J.

have loaned and are now unable to collect. Bills unpaid by patients cannot be deducted unless previously included in income.

Having thus conquered the ogres of deduction and exemption, you can proceed to finish off your tax report with a flourish. In filling out the final form, don't be baffled by large and apparently meaningless terms. Remember that it all boils down to simple addition and subtraction. Such a horrid-sounding term as "earned income credit" turns out to be only an extra deduction of ten per cent of your net income, which you are entitled to make. The normal tax is 4 per cent of your net income less deductions and exemptions. Read directions carefully, and the rest follows easily.

A word to the wise: Don't forget that this year there is an extra tax of 10 per cent which goes to the Government for defense. You can figure this by computing the amount of total income tax you owe Washington. Take ten per cent of this figure and add it to the total. Both amounts can be included in one check or money order.

With your blank all neatly filled out and signed, you can do one of two things. You can take it to the local office of internal revenue, or you can have it witnessed by a notary and then mail it to the revenue office. Most hospitals have a notary on the premises.

Your contribution to Uncle Sam is now complete for 1941. There is only



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You who have the responsibility of recommending adequate diets for families of low income know how difficult it is to include enough fruits and vegetables to supply the necessary daily intake of Vitamin C.

You may know, also, that grapefruit is an especially rich source of this important vitamin.

But did you know that canned grapefruit juice is also the CHEAPEST practical food source of Vitamin C—with the single exception of cabbage?

As a matter of research fact, canned grapefruit juice provides Vitamin C at the extremely low cost of only 1.6¢ per 50 milligrams. This, as you know, is even lower than the average cost of this vitamin in concentrated tablet form.

Few vegetables or fruits, other than citrus, can even compare with grapefruit, fresh or canned, as a cheap, dependable, year-round.

and above all appetizing food source of Vitamin C.

Raw strawberries are nearly as cheap a source—but only during the short peak season when they can be bought for about 15¢ per quart.



Kohlrabi, cabbage and spinach are also cheap sources—but few families eat these vegetables every day.

And the palatability of grapefruit makes it an item which can be included in the diet in sufficient quantity to be of major health importance—without tiring the taste.

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 FOR COLDS**



The nasal congestion of colds is almost immediately relieved by intranasal applications of ZYL. Contains $\frac{1}{4}\%$ ephedrine plus the ingredients of V-E-M (6 $\frac{1}{4}$ gr. eucalyptus oil and 1 $\frac{1}{2}$ gr. menthol per oz.).

V-E-M helps to protect against many colds by moistening and lubricating the nasal mucous membrane and forming a partially protective film against inhaled droplets.

Special V-E-M applicator delivers exactly measured amount high up into the nostrils, where the therapeutic effect is needed.

SAMPLES AND LITERATURE ON REQUEST

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RN-1

one sad drawback to the income tax system. If your figures show that you have more deductions and exemptions than you do income you can't extract 4 per cent of the difference from Uncle Sam!

Defense—to date

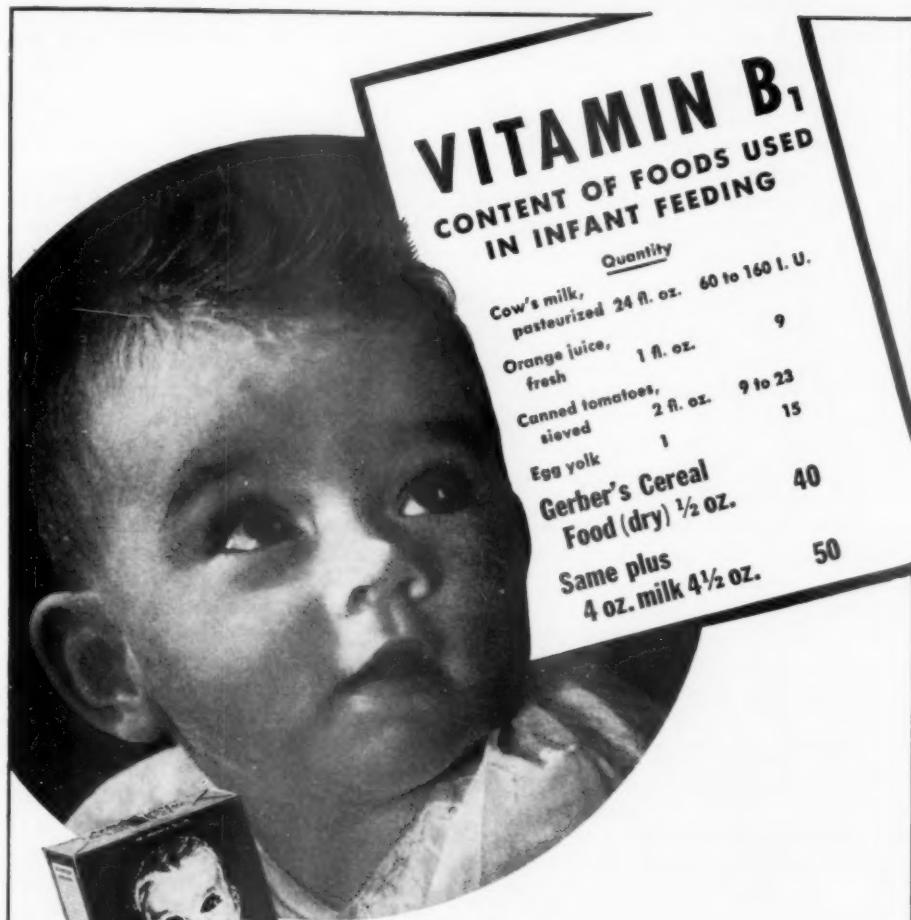
[Continued from page 21]

advising groups sound hopelessly complex, but so far are reported to be co-operating in happy harmony.

Added to the list of partial administrators are the State nursing associations, through whose lists blanks are actually sent out. The USPHS has named a special agent in each State, and in most cases this official is the secretary (or executive secretary) of the State nurses' association. Over her name, survey blanks and directions will go out. Special agents are "dollar-a-year-women," still holding their jobs with the State associations, but named to national posts to meet the present emergency.

When your State gets out its questionnaire, your part in the national nurse census is simple, but vital. Read the directions, fill out the blanks, and send back the survey in the enclosed envelope—the same day, if possible. The entire quiz-answering process, done with care, doesn't take long. [R.N.'s nurse-editors were able to fill out their forms in fifteen minutes.]

The only question which may cause you difficulty is the one which asks the daily average number of patients in your hospital the year you graduated. This does not mean the bed capacity, but the beds filled on an average. If you have a hospital report of about the year you graduated, you will find the daily average listed there. If not, your best bet is to write to your training school and inquire. To save time, write immediately—even if you have not received your questionnaire. The survey also asks the number of semester



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	Quantity
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Egg yolk	1 15
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hours of college or university work you have had. You may want to check on this beforehand too.

If, in a reasonable time after your State survey is out, you have not received a questionnaire, write to the executive secretary of your State nursing association and ask for one. [If you don't know her name and address, R.N. will be glad to supply it.] She can refer you to the special officer in charge of the census, if she does not hold that post herself. Nurses who know women whose registration was good last year but has since lapsed, should advise them to re-register immediately. Unless they do so they may be classified as practical nurses in the survey. Students, even if they are about to graduate, do not need to fill out the survey. The State already has their names on file through training-school and State-board examination records.

The national nurse census has "gone to press." Its success or failure now depends on the thousands of nurses who must participate in this phase of the nation's defense program.

Hypertension

[Continued from page 15]

which is its forerunner, hypertensive heart disease adds no other symptoms until the myocardium is no longer able to maintain the increased pressure, at which time failure supervenes. Usually

occurring ten to twenty years after the condition is established, the congestive failure of hypertensive heart disease is slow to develop, but produces the familiar and characteristic symptoms—dyspnea on exertion, cough, edema of the extremities, and finally pulmonary edema. At any time, of course, the sequelae characteristic of hypertension may be precipitated. Death frequently occurs from cerebral hemorrhage or coronary thrombosis before congestive failure develops.

Treatment is directed at the causative hypertension and the congestive heart failure when it develops. Unfortunately, the management of hypertension is usually not productive of too good results. The customary regimen consists of reeducation of the patient in order to establish more even and moderate living habits, eradication of all factors which might prove emotionally disquieting, correction of existing physical derangements, periodic daily rest, and drug therapy. The drugs employed are aminophyllin, potassium thiocyanate, phenobarbital, the nitrites, and a host of plant extracts. None of these produces good results in all patients, and at present it must be stated that the medicinal treatment of hypertension is not as successful as might be desired. However, certain patients respond well to one drug and others do better with another drug. Perhaps our most potent weapons consist of enforced rest, training the patient to stabilize his emotion-

Vapo-Cresolene.

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For 60 years Vapo-Cresolene has demonstrated its usefulness for the relief of paroxysms of Whooping Cough and Bronchial Asthma, Spasmodic Croup and Cough due to colds.



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inhibit bacterial growth in upper respiratory tract infections



TONSILS and adenoids, when diseased, provide a fertile field for the proliferation of pathogenic bacteria. The growth of these organisms, which may frequently cause severe complications, may be inhibited or prevented by the application of 'S.T. 37' Antiseptic Solution.

Because of its high germicidal activity and low tissue toxicity, 'S.T. 37' Antiseptic Solution is of particular value in the prevention and treatment of these conditions. The germicidal activity of 'S.T. 37' Antiseptic Solution is retained in the presence of secretions and hence is of especial value in the treatment of acute naso-pharyngitis, pharyngitis, tonsillitis and laryngitis.

Although highly bactericidal, 'S.T. 37' Antiseptic Solution does not destroy the natural defense mechanism of the tissues. In addition, 'S.T. 37' Antiseptic Solution exerts a surface analgesic effect which promptly relieves the pain of inflamed mucous membranes.

Thus, the therapeutic action of 'S.T. 37' Antiseptic Solution is three-fold:

- It exerts a marked bactericidal action.
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al equilibrium, and the use of sedative agents. Occasionally a stay in the hospital is exceedingly beneficial because it facilitates establishment of new habits and separates the patient from friends and relatives who are frequently responsible for a state of agitation. In the nursing care of these patients, an understanding of the above principles is essential.

The diet in hypertension is not as important as was formerly believed. Small nutritious meals and prohibition of condiments and alcohol are advised. Meat and salt are not withheld unless renal damage is advanced. Obesity if present is corrected by dietary control.

In recent years a considerable amount of experimentation has been conducted in an effort to evolve a surgical cure for hypertension. It is believed that the blood pressure elevation is due to spasm of the smaller arteries of the intestinal tract (the splanchnic vessels). Severing of the nerves which control

"Just a cold"

But what a lot of misery
and wasted time!

ALKALOL

and warm water (half and half)
used daily as a nasal douche—

Prevents a lot
of colds.

It's worth the effort.

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these arterioles might be expected to result in a fall of pressure. Another approach to the problem consists of cutting the nerves to the adrenal glands in order to reduce the output of adrenalin which some authors believe is secreted in excessive amounts in hypertension. Although no satisfactory operation has as yet been evolved, future research may provide a successful therapeutic procedure.

[For a bibliography of the procedures discussed in this article, send a stamped, addressed envelope.—THE EDITORS]

- Most important requirement of 16th Century Norwegian women nurses—of whom there were but a few—was their ability to keep their charges amused by telling stories or by playing a musical instrument.
- Custom in 15th Century Germany decreed that all veterinaries be women. At the same time, women in childbirth were almost without exception assisted by sheepherders, as doctors considered it bad form to "play nurse-maid" themselves.

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Mabel Staupers, R.N.

[Continued from page 19]

handle the grave problems which face her group.

Negro nursing is growing rapidly in all sections of the country. Latest figures show that there are approximately 7,500 graduate Negro nurses now in the field, with good training schools turning out more each year. Thirty hospitals in the South and North run accredited nursing schools exclusively for Negro girls. In addition, eleven large schools for white nurses admit and graduate Negro students. Among these are the Los Angeles County Hospital, the Yale University School of Nursing, the Cleveland City Hospital, and Boston City.

To foster high standards for Negro nurses, to guide nursing schools, and to help regional groups, the National Association of Colored Graduate Nurses was formed more than thirty years ago. Up until about 1934, its membership numbered just over 100. Since that time it has jumped to nearly 900, with new members joining up every week.

In 1941, the NACGN bids fair to be even more important. It may become the official organ through which colored nurses can join the American Nurses' Association. Since Negroes cannot join some State organizations, the logical solution seems to be to provide membership through their own official group. The ANA considered this ques-

tion at the Biennial last Spring, plans to take further action early this year. Thus, the NACGN and its secretary are headed for the nursing limelight in short order.

You've seen Mrs. Staupers at State and national conventions, speaking on behalf of Negro nurses, meeting with committees, talking with other nursing leaders. At home in her office, she has an equal number of responsibilities. In addition to the duties of the executive secretary she edits the "National News Bulletin" which goes to Negro nurses all over the country.

—And she travels! Her peregrinations rival those of a presidential candidate. Modestly, she tells of a Spring trip which took her to almost all corners of the USA. Here are a few of the things she did en route:

In Cincinnati, she discussed plans for the West Central Nurses' Conference; in Tulsa, Oklahoma, she broadcast over radio station KOME, attended a southern regional conference. In Indianapolis, she addressed the interracial committee of the local YWCA. Swinging south, she was guest speaker on the Louisville community chest program!

Mabel Staupers admittedly enjoys travel, likes to meet nurses and study professional situations in various parts of the country. Both the North and the South have equal places in her affection; she knows them both well.

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No provincial, by birth or by nature, is this Negro leader. She was born in the British West Indies, on the Island of Barbados. When her father came to New York, and became a citizen, she automatically became an American too. She grew up and went to school in Harlem, watched that section of up-town New York City grow from a village to a cultural center for the Negro race. "Someday I'd like to write a book about Harlem," she says.

Going southward for her nursing preparation, Mrs. Staupers graduated from the well-known Freedman's Hospital in Washington, D.C. After a short period of private duty, she married, opened a small hospital in New York City where Negro doctors could admit their patients. Feeling the need for more education, she later took a post-graduate course at the famous Henry Phipps Institute. After this, she became a social-service worker in the tuberculosis service at Jefferson Hospital in Philadelphia, the first colored nurse ever to hold that post.

Already, however, executive fields were beckoning. Her next job was as director of the Harlem Committee of the New York Tuberculosis and Health Association, a position she held for twelve years. All during this time she studied the problems of colored women in nursing, and trends in the profession as a whole.

With Mrs. Staupers it's nursing first, racial considerations second. She wants Negro nurses to contribute their part to the broad picture of nursing in this country.

We asked her about her pet theories on nursing. She summarized: "Adequate preparation, including degrees; marriage; recreation; and a voice for youth in nursing policies." Only a well-developed woman will make a first-rate R.N., in Mrs. Staupers' opinion. Hence, her emphasis on normal emotional lives as well as on education. As for young nurses in official positions, she thinks

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this is vital. "Young blood keeps any organization on its toes," she explains.

For her own race, Mrs. Staupers wants all these things and a few others besides. She's constantly working for better educational facilities for colored women in training. She is putting on a campaign to attract the better prepared young Negro women into the field. She promotes advanced education, graduate study, summer courses, travel grants, scholarships and loan funds for the further training of Negro nurses. In guiding the policies of the NACGN she seeks to keep that group alert and cooperative in professional affairs.

Mabel Staupers' philosophy of nursing appears in miniature in this little note at the end of her yearly report to NACGN members: "We must eliminate all prejudices and personality conflicts if the group is to succeed. We must foster sympathy and understanding among ourselves. . . The advancement of each individual is a step forward for the entire profession."

Discovering paper

[Continued from page 26]

paper won't tear easily and is so soft that it falls like cloth over a bedpan, completely concealing it. The paper can be washed with soap and water. It's particularly welcome in hospitals and homes where the cost of providing clean covers every time the bedpan is used

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able? Nurses not connected with hospitals using paper products may find them in stationery and department stores. Many grocery stores in the country are setting up "paper corners" where they feature a complete line of paper service for the table. If these sources fail, seek out the paper supply house in your town which distributes products to stores. Here you'll be able to get a tube of one hundred containers for from sixty to seventy cents—considerably less than you'd pay when they're fancily wrapped in sets of eight or ten and sold at regular outlets. This stock will last you at least a month. Manufacturers are also considering producing a kit, in response to frequent demands from public-health nurses who have found paper cups and plates invaluable—in emergencies and in homes of the poor where hot water is often lacking. The kit would contain a complete set of table service for a sick person.

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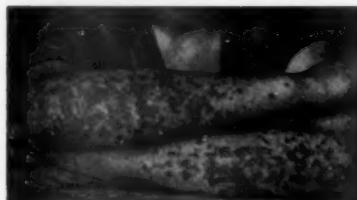
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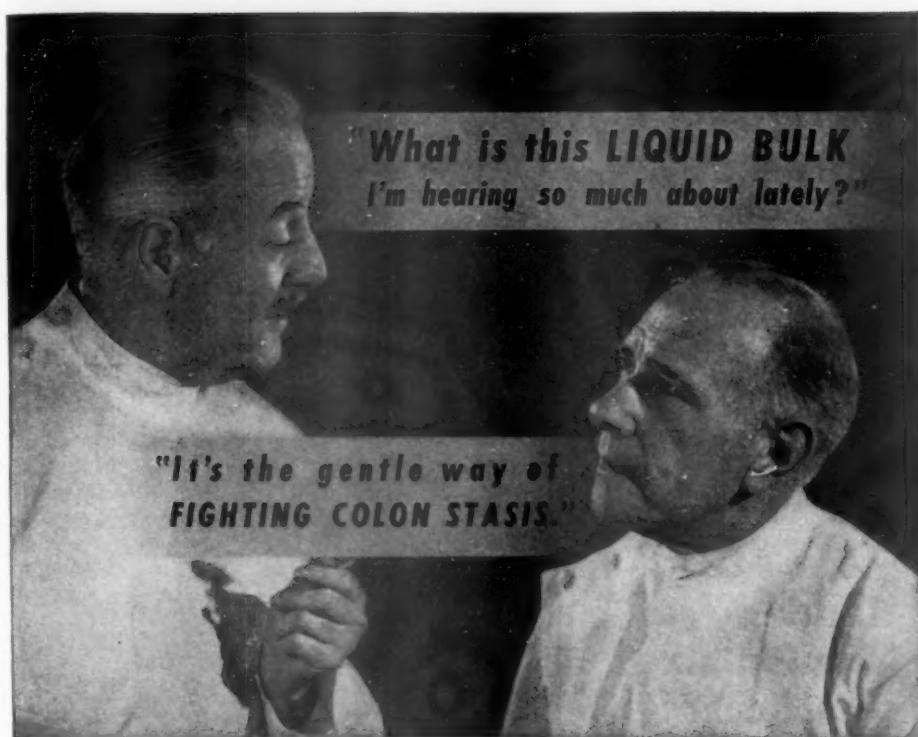
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ADVANCES IN CANNING TECHNOLOGY

I. Requirements for the Modern Canning Factory

● During the first decade of the 19th Century, Nicholas Appert, an obscure French confectioner, worked out empirically the basic principles of canning. In 1811, the first English edition of his book on the "Art of Preserving" was published (1). This text lays down the fundamentals of the canning process; it describes the necessary organization of a canning establishment and its equipment; and it lists canning procedures for more than 50 foods of both animal and plant origin.

Viewed in the light of modern knowledge, Appert's book is surprisingly complete and many of his observations amazingly accurate. Naturally, in the 130 years since his book was published, many advances have been made in canning technology. Consequently, when Appert's quaintly worded descriptions of the requirements for the use of his process are compared with those of modern commercial practice, some insight may be had as to the vast improvements which have been wrought in this important field of food preservation since its humble beginning.

One striking contrast between the old and new in canning lies in Appert's description of the necessary features of a canning establishment of his day. Appert's establishment apparently was composed of seven rooms or "apartments". Four of these were equipped to handle the preparation of fruits, vegetables, and foods of animal origin; the fifth room was devoted to the cleaning and storage of the glass bottles used as containers; the sixth room was the "sealing" room in which the bottles were corked after filling with food; the last room contained the large covered kettle in which the sealed containers were processed in boiling water.

The requirements for the modern cannery are, of course, much more exacting, both from the standpoint of factory site,

arrangement, and equipment. Today, canneries must be located close to the fields, orchards, or waters from which the raw materials are harvested. Rapid handling of freshly harvested raw stock—a prime requisite for quality of the final product—is thus facilitated. The factory site must also be chosen so that an adequate supply of potable water is available. The modern canning plant is arranged specifically for handling the product or products that will be canned. This provides for continuous, rapid, and even flow through the various operations comprising the canning procedure for the particular product.

Needless to state, the equipment requirements of the modern canning factory are also much more complex than in the days of Appert. Present-day, large-volume production—necessary for the manufacture of a low-cost product—requires the use of high-speed automatic equipment for conveying the raw materials through the cleansing, preparatory, and all other operations of the commercial canning procedure. Frequently, much of this equipment must be constructed of special metals or alloys; in all cases it must be so constructed as to permit rapid, thorough, periodic cleansing. To maintain and control this highly specialized machinery, a skilled mechanical staff is necessary.

Space will not permit fuller description of other requirements for the cannery of today. Thousands of such factories combine to form the American canning industry, whose products already have become so essential in our modern civilization and in our national defense. Commercially canned foods have fulfilled every prediction of Appert by whose "extensive practice and long perseverance" a new means of food preservation was made possible.

AMERICAN CAN COMPANY, 230 Park Avenue, New York, N. Y.

REFERENCES

(1). *The Art of Preserving All Kinds of Animal and Vegetable Substances*,
M. Appert, Black, Parry, and Kingsbury, London, 1811.

We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned-foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the sixty-seventh in a series which summarizes, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.

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Positions available

ADMITTING NURSE: Midwest. Candidate with stenographic ability sought to assist record librarian. Salary dependent upon qualifications. (Placement bureau charges \$2 registration fee.) Box C348.

ANESTHETIST: East. Opening for nurse-anesthetist, 400-bed hospital, medical anesthetist in charge. Salary, \$110; maintenance. (Placement bureau charges \$2 registration fee.) Box MB1-1.

ASSISTANT ANESTHETIST: East. Experienced R.N. for large hospital offering unusual recreational facilities. Salary, \$100; maintenance. (Placement bureau charges \$2 registration fee.) Box C350.

ASSISTANT DIRECTOR OF NURSES: Midwest. Position open for woman with administrative experience, well-prepared academically. Training school has five-year course with college affiliation. Salary open; above average. (Placement bureau charges \$2 registration fee.) Box C351.

ASSISTANT NURSING ARTS INSTRUCTOR: South. Instructor with ward management and ward teaching background needed. Hospital well located in large city. Salary, \$100; maintenance. (Placement bureau charges \$2 registration fee.) Box C352.

DIETITIAN: Administrator sought to reorganize and develop department in 300-bed charity hospital. Salary, \$150; maintenance. (Placement bureau charges \$2 registration fee.) Box MB1-2.

DIRECTOR OF NURSES: East. Private institution, 150 beds, all-graduate nursing staff, requires woman 35-45 who can assume responsibility. (Placement bureau charges \$2 registration fee.) Box MB1-3.

DIRECTOR OF NURSES: West. Excellent opportunity for nurse to take charge of training school averaging 75 students; hospital operated under the auspices of a Protestant church. College graduate, 35-45, with church background required. Minimum salary \$200, with maintenance. (Placement bureau charges \$2 registration fee.) Box MB1-4.

GENERAL DUTY: Alaska. Opening for nurse with good all-around ability, willing to take turn as scrub nurse. Interesting appointment. Preferably 25-35; good personal habits essential. Salary, \$80; maintenance. Transportation from Seattle. (Placement bureau charges \$2 registration fee.) Box C360.

GENERAL DUTY: California. Small general hospital, very modern, seeks general duty nurses. Knowledge of surgery and obstetrics desirable. Eight-hour duty. Salary, \$80; maintenance. (Placement bureau charges \$2 registration fee.) Box MB1-15.

***GENERAL DUTY:** New York. Small private hospital needs well-qualified staff nurse. Must also

circulate in operating room. Permanent position with opportunity for advancement. Starting salary \$75, with maintenance. Box BC1-41.

***GENERAL DUTY:** New Jersey. Positions for several nurses in general hospital, situated close to university. Excellent opportunity to work toward a degree. Salary, \$70; maintenance. Box MGH1-41.

GENERAL DUTY: Pacific Northwest. Several staff nurses needed for small industrial hospital. Must be willing to spend brief periods in logging camps for emergency or first-aid work. (Placement bureau charges \$2 registration fee.) Box MB1-16.

INSTRUCTOR, NURSING ARTS: South. Experienced woman sought to take charge of teaching nursing arts and to assist in student health programs; large teaching hospital. Salary to attract best qualified applicant. Begin March 15. (Placement bureau charges \$2 registration fee.) Box MB1-17.

INSTRUCTOR, NURSING ARTS: Candidate must be qualified also to assist director of nurses in 150-bed approved general hospital. Prefer woman with minimum of three years in similar post in a training school of not less than 50 students. Salary, \$130; maintenance. (Placement bureau charges \$2 registration fee.) Box MB1-18.

INSTRUCTOR, SCIENCE: Iowa. Position requires R.N. with degree, but previous experience is unnecessary. Salary, \$110; maintenance. (Placement bureau charges \$2 registration fee.) Box MB1-20.

INSTRUCTOR, SCIENCE: Ohio. Fairly large general hospital has opening for nurse with year's

When answering these advertisements:

Write a separate application for each job in which you are interested.

Address each application to the correct box number, care of R.N.
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All positions are listed by a placement bureau except those otherwise indicated. Send no money with application. Bureaus requiring a fee will bill you.

*Not listed by placement bureau.

teaching experience. Salary, \$125; maintenance. (Placement bureau charges \$2 registration fee.) Box MB1-19.

LABORATORY X-RAY TECHNICIAN: Graduate nurse required. Opportunity will be given for training, if not sufficiently qualified in both specialties. Interesting position with large industrial company. (Placement bureau charges \$2 registration fee.) Box MB1-14.

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Allow us to assist you to locate on the exciting West Coast, or adjacent territory. Take advantage of our reliable, ethical placement service. Many desirable positions are now waiting to be filled. For full details write Air Mail. There is no registration fee, so write today!

PHARMACIST: Utah. Excellent hospital. Box D20

GENERAL DUTY: Washington, near coast. Small hospital in small town. Two eight-hour duty positions. Salary—\$75, room and board. Box D21.

DIRECTOR OF NURSES: Responsible position. Outstanding, large California hospital. Degree required. Excellent opportunity. Salary—\$200, maintenance. Box D22.

ASSISTANT SUPERINTENDENT OF NURSES—INSTRUCTRESS: Excellent Idaho hospital. Single, Catholic preferred. Very cooperative superintendent. Box D23.

NIGHT SUPERVISOR: One capable of taking complete charge of 50-bed hospital in northern California. Able to handle emergency Surgical or Obstetrical work. Salary—\$90, board, room and laundry to start. Box D24.

GENERAL DUTY: Northern California. Two day duty, one night duty. Eight hour duty, off day a week. Salary—\$75, full maintenance. Box D25.

SURGICAL SUPERVISOR: Busy industrial hospital. Must have post in Surgery, plus good supervising experience. Very fine superintendent. \$100, maintenance to start, with possibilities for advancement. Box D26.

Nurses, registered in other states and trained in accredited hospitals, are eligible to apply for registration in California without written examination.

DUNNE & DUNNE Agency

*Loretta Dunne, Director
724 So. Spring Street
LOS ANGELES, CALIF.*

OPERATING ROOM NURSE: General hospital, all-graduate nursing staff, has opening for o.r. nurse. Famous winter resort. Excellent for winter sports. (Placement bureau charges \$2 registration fee.) Box MB1-5.

OFFICE NURSE: Chicago. Excellent office connection for nurse with good appearance, pleasing personality, ability to meet people. Single, preferably under 28. Starting salary \$100. Oppor-

A New Year—A New Position in the West!

ANESTHETISTS—California: Experienced anesthetist, preferably Catholic; \$125, full maintenance. Anyone especially interested in pleasant surroundings and mild climate should write us immediately; approved hospital, resort city. Another 125-bed hospital in the San Joaquin Valley needs an anesthetist, no other duties, surgery exceptionally busy; must know cyclopropane; \$140, meals. Box W100.

GENERAL DUTY—Arizona: General alternating 8-hour duty, 50-bed county hospital, majority cases medical and obstetrical; ample staff; \$100, meals. Box W101.

GENERAL DUTY—California: Hospitals all over the state need general duty nurses. Some attractive coast locations, salaries \$75, maintenance; inland institutions, \$80, maintenance to \$105, meals and laundry. All 8-hour duty, day off weekly. We have visited these institutions personally and can give complete details of positions. Often more than one vacancy in a hospital; opportunities for friends to work together. Box W102.

OBSTETRICS—California: OBSTETRICAL nurses needed; one 200-bed private hospital requires two with postgraduate courses; delightful coast city, Southern California. Another, a San Francisco hospital needs two obstetrical nurses, one for nursery and the other as relief in nursery and delivery rooms, \$90, meals. A private 100-bed hospital, suburban San Francisco, needs a nursery nurse, 11-7, \$80, maintenance. Box W103.

SURGERY—California: TWO nurses, postgraduate in surgery, needed for one of California's most noted private institutions; period of employment in this hospital establishes you professionally in California. Box W104.

SURGERY—California: Sixty-five bed private hospital in San Joaquin Valley needs competent surgery nurse who also acts as ASSISTANT SUPERINTENDENT OF NURSES. Salary, \$90, maintenance to start, increase to \$100. Box W105.

SUPERVISOR—California: Small privately owned hospital, garden-city near coast, needs competent nurse to supervise entire hospital and relieve surgery; \$90-\$100 full maintenance. Box W106.

SUPERVISOR—California: Head nurse, 23-bed medical-surgical floor, private hospital, San Joaquin Valley; nurse with good general duty experience may qualify; \$100, meals. Box W107.

SUPERVISOR—California: Teaching supervisor, pediatric-medical floor; large private hospital, Southern California; \$110, meals, laundry. Box W108.

Nurses registered in other states are eligible to make application for registration in Pacific Coast States without examination. No initial fee for placing your application with us. Air mail reaches us over night.

Business and Medical Registry (Agency)

*Elsie Miller, Director
609 South Grand Avenue, Los Angeles, Calif.*

tunity for advancement. (Placement bureau charges \$2 registration fee.) Box C365.

PHYSIOTHERAPIST: Midwest. Position available for graduate nurse qualified in physiotherapy, preferably with orthopedic nursing experience. Interesting position with crippled children's commission. (Placement bureau charges \$2 registration fee.) Box MB1-6.

PUBLIC HEALTH NURSE: Midwest. Opportunity in progressive city. Salary open, but will be above average. (Placement bureau charges \$2 registration fee.) Box C368.

SUPERINTENDENT: Michigan. Capable administrator wanted to take charge of small industrial hospital serving as community health center. Should also be able to administer anesthetics. (Placement bureau charges \$2 registration fee.) Box MB1-7.

SUPERINTENDENT OF NURSES: Midwest. Unusually interesting opportunity in children's hospital for woman with degree, teaching and supervisory experience and pediatric training. Salary, \$140; maintenance. (Placement bureau charges \$2 registration fee.) Box C370.

SUPERVISOR, COMMUNICABLE DISEASE: South. Need experienced woman for night duty in large hospital. Post-graduate preparation in ward supervision and communicable diseases required. Salary, \$100; maintenance. (Placement bureau charges \$2 registration fee.) Box C353.

SUPERVISOR, EMERGENCY DEPARTMENT: East. Alert, dependable person, good manager wanted for busy department in 400-bed general hospital. University affiliations. (Placement bureau charges \$2 registration fee.) Box MB1-8.

SUPERVISOR, MATERNITY: Michigan. Comparatively new hospital, 80 beds, seeks experienced maternity supervisor. Hospital situated in beautiful surroundings; summer resort town; attractive nurses' residence. (Placement bureau charges \$2 registration fee.) Box MB1-9.

SUPERVISOR, MEDICAL TEACHING: West. Good professional training, some college work required for position supervising four units, 60 beds. Will be responsible for sponsoring doctors' classes and teaching medical nurses. (Placement bureau charges \$2 registration fee.) Box MB1-10.

SUPERVISOR, NIGHT: East. Small general hospital, near New York City, modern equipment, seeks R.N. with obstetrical and operating room experience. Two night supervisors who rotate hours of duty. Salary, \$100; maintenance. (Placement bureau charges \$2 registration fee.) Box MB1-11.

SUPERVISOR, OPERATING ROOM: Southwest. Surgical supervisor with post-graduate training, experience, and teaching ability required. Excellent hospital. Major and minor operations average 250 monthly. Salary commensurate with qualifications. (Placement bureau charges \$2 registration fee.) Box MB1-12.

SUPERVISOR, PEDIATRIC: South. Opening for experienced pediatric nurse, with post-graduate work in supervision. Well-rated hospital. Salary, \$100; maintenance. (Placement bureau charges \$2 registration fee.) Box C366.

TECHNICIAN: New Jersey. Position open for registered-nurse technician, preferably with some X-ray experience. Pleasant working surroundings. Salary open; full maintenance. (Placement bureau charges no registration fee.) Box X1-1.

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- Moreover, *it is economical*. Judged on the basis of its vitamin content solely and disregarding entirely its nutritive value, Cal-C-Tose is one of the most economical of all 5-vitamin products.

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